

CS 12/13



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Westendorf	Janet		360-891-6522
MAILING ADDRESS (Street)			FAX
2315 NE 160th Loop			360-891-6519
(City)	(State)	(Zip Code)	
Vancouver	Washington	98684	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
MedImmune, Inc.		240-632-4715
MAILING ADDRESS (Street)		FAX
35 West Watkins Mills Road		301-527-4206
(City)	(State)	(Zip Code)
Gaithersburg	Maryland	20878
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Elizabeth Z. Bartz, President		330-761-9960
MAILING ADDRESS (Street)		FAX
State and Federal Communications, Inc. 80 South Summit Street, Suite 100		330-761-9965
(City)	(State)	(Zip Code)
Akron	Ohio	44308

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) Pharmaceuticals
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Janet Westendorf:

Janet M. Westendorf

(Signature of Lobbyist)

12/6/2004

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Brian M. Rosen

Director, Government Affairs

NAME OF ORGANIZATION (if applicable)

MedImmune, Inc.

TELEPHONE

240-632-4715

MAILING ADDRESS (Street)

35 West Watkins Mills Road

FAX

301-527-4206

(City)

Gaithersburg

(State)

Maryland

(Zip Code)

20878

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Brian M. Rosen:

Brian Rosen

(Signature of Authorizing Officer or Person Represented)

12/6/04

(Date)